



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Rosauro	Garland	S.	(808)845-6221
MAILING ADDRESS (Street)			FAX
1432 Middle Street			(808)847-8048
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund			(808)845-6221
MAILING ADDRESS (Street)			FAX
1432 Middle Street			(808)847-8048
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

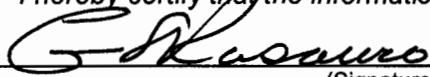
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund		(808)845-6221
MAILING ADDRESS (Street)		FAX
1432 Middle Street		(808)847-8048
(City)	(State)	(Zip Code)
Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John Sweeney		(510)337-3300
MAILING ADDRESS (Street)		FAX
1640 South Loop Road		(510)337-3373
(City)	(State)	(Zip Code)
Alameda	CA	94502

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

FEB 14, 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Adrian Keohokalole

H.O.E.I.S.F. Administrator

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Operating Engineers Industry Stabilization Fund

(808) 845-6221

MAILING ADDRESS (Street)

FAX

1432 Middle Street

(808) 847-8048

(City)

(State)

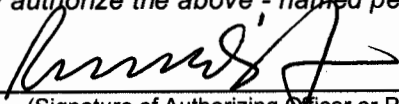
(Zip Code)

Honolulu

HI

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



RUSS O'BRIEN

2.10.2005

(Signature of Authorizing Officer or Person Represented)

(Date)